## PART B - FEE(S) TRANSMITTAL

Express Mail No.: EV 654 845 948 US

Complete and send	_		or <u>Fax</u> (	Commissioner fo C.O. Box 1450 Alexandria, Virg 571)-273-2885	r Patent inia 223]	13-1450			
INSTRUCTIONS: This contained appropriate. All further contained and unless corrected to	m should be used for respondence including selow or directed other	or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	JE FEE and PUBLICATE and notification of specifying a new co	ATION FEE (if requirements of maintenance fees were spondence address	ired). Bloc vill be mai ; and/or (b)	ks 1 through 5 sh led to the current ) indicating a sepa	ould be completed correspondence add rate "FEE ADDRES	where ress as SS" for	
CURRENCE fee no CONDENCE		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
JONES DAY 222 EAST 41ST ST 06/12/2008 SLUANGE 000	I S 8	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
A4 E5 1861	(Depositor's name)								
01 FC:1504 300.0 02 FC:8001 30.0 03 FC:2501 720.0	O DA		ŀ	·			(Si <sub>l</sub>	gnature) (Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		OR	ATTORNEY DOCKET NO.			CONFIRMATION NO.	
09/873,403 TITLE OF INVENTION: CO	06/04/2001 OMPLEXES OF ALP	HA (2) MACROGLOB	Pramod K. Srivastav ULIN AND ANTIGEN			9-178-999 OTHERAPY	1802		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAID ISSU	E FEE T	OTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300.	. \$0		\$1740	06/10/2008	í	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
YAEN, CHRISTOPHER H		1643	530-402000						
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Char 22) attached. ion (or "Fee Address"	(1) the names of up or agents OR, altern (2) the name of a si registered attorney	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI University of Conne	an assignee is identi 37 CFR 3.11. Comp EE ecticut Health C	fied below, no assignee letion of this form is NO enter	data will appear on the Ta substitute for filing (B) RESIDENCE: (C) Farmington, Co	e patent. If an assign an assignment. TY and STATE OR (	COUNTRY	")			
4a. The following fee(s) are  Issue Fee  Publication Fee (No si  Advance Order - # of	submitted:	48	D. Payment of Fee(s): (F ☐ A check is enclose ☐ Payment by credit ☑ The Director is her	lease first reapply and.	ny previou	sly paid issue fee s	shown above)		
5. Change in Entity Status  a. Applicant claims St	(from status indicated		overpayment, to D	eposit Account Numb	er <u>50-301</u>	3 (enclose ar	extra copy of this f	orm).	
NOTE: The Issue Fee and Printerest as shown by the reco								party in	
Authorized Signature Langue M. Aufler  Adriane M. Antler				Date June 10, 2008					
Typed or printed name	<del></del>	Registration No. 32,605							
This collection of informatio an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandria, Virgi Alexandria, Virginia 22313- Under the Paperwork Reduct	. 150.							rocess) ng, and mplete e, P.O. c 1450,	

OMB 0651-0033

PART B - FEE(S) TRANSMITTAL Express Mail No.: EV 654 845 948 US Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated and the current correspondence including the Patent, advance orders and notifications corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 20583 7590 03/10/2008 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. JONES DAY **222 EAST 41ST ST NEW YORK, NY 10017** (Depositor's name (Signature (Date **FILING DATE** FIRST NAMED INVENTOR CONFIRMATION NO. APPLICATION NO. ATTORNEY DOCKET NO. 06/04/2001 09/873,403 Pramod K. Srivastava 8449-178-999 1802 TITLE OF INVENTION: COMPLEXES OF ALPHA (2) MACROGLOBULIN AND ANTIGENIC MOLECULES FOR IMMUNOTHERAPY SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE DATE DUE APPLN. TYPE TOTAL FEE(S) DUE \$1440 06/10/2008 NO \$300 \$0 \$1740 nonprovisional **EXAMINER ART UNIT CLASS-SUBCLASS** YAEN, CHRISTOPHER H 530-402000 1643 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Jones Day (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) University of Connecticut Health Center Farmington, Connecticut Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🗷 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form). Advance Order - # of Copies 10 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Typed or printed name Adriane M. Antler

Registration No. 32,605

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process in application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including anthony.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature

June 10, 2008

Date